

Case Number:	CM14-0180625		
Date Assigned:	11/05/2014	Date of Injury:	09/12/2014
Decision Date:	12/09/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old female with date of injury 9/12/2014. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain and lower back pain since the date of injury. She has been treated with medications. There are no radiographic reports included for review. Objective: positive Tinel's and Phalen's sign bilateral wrists, tenderness to palpation at the medial joint line of the left knee, decreased and painful range of motion of the left knee, left knee swelling, positive straight leg raise. Diagnoses: cervicgia, knee pain. Treatment plan and request: MRI lower extremity without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lower extremity without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-342.

Decision rationale: This 49 year old female has complained of neck pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain and lower back pain since date of injury 9/12/2014.

She has been treated with medications. Per the MTUS guidelines cited above, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is no documentation in the available medical records of a trial of conservative care and observation. Additionally, the position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters for ordering knee radiographs following trauma: (1) Joint effusion within 24 hours of direct blow or fall (2) Palpable tenderness over fibular head or patella, (3) Inability to walk (four steps) or bear weight immediately or within a week of the trauma (4) Inability to flex knee to 90 degrees. The available medical records do not document any of these criteria as being present. On the basis of the above cited MTUS guidelines and the available medical documentation, MRI of the lower extremity without contrast is not indicated as medically necessary.